## Emergency Animal Care & Help CLIENT FINANCIAL INQUIRY

## STATEMENT OF FINANCIAL STATUS

We understand how hard this time can be for those facing either financial disaster or the potential loss of a close friend. We are here to help those who have no other means of keeping their family together. This form is to be filled out by the potential client to determine if they meet the financial requirements to qualify for services from Emergency Animal Care & Help. We do this in hopes not to be invasive or make anyone feel uncomfortable, as your sense of dignity is important to us. We merely rely on compassion with discernment and need to make sure the limited funds we have go to those who need it the most.

Pursuant to Article 4, Section 1 of the Emergency Animal Care & Help Policy and Procedures, EACH is required to verify financial requirements for service. Clients must have economic restraints preventing them from pursuing veterinary treatment for their animal, and therefore are facing either euthanasia, surrendering of their animal, or neglect. The following form helps us determine if a client qualifies for services solely based on financial reasons. This does not guarantee treatment, payment of treatment in full or partial, or agreement of services in any way.

Statement of financial status for:		f:	
	Name	Date	
1	DO YOU HAVE PET INSURANCE?	YES	$N\Theta$
1.	IF SO, WITH WHO? POLICY NAME/#:		
	<u> </u>		
$\circ$	ARE YOU MARRIED? IF <b>SO</b> , WHAT IS YOUR COMBINED MONTHLY	YES	$N\Theta$
9	INCOME?		
<b>_</b> ,	IF <b>NOT</b> , WHAT IS YOUR SINGULAR MONTHLY INCOME?		
	DO YOU QUALIFY FOR OR ARE YOU CURRENTLY	YES	NO
3	ON ANY FORM OF FINANCIAL ASSISTANCE?		
<b>O.</b>	IF SO, WHAT KIND?		
	ARE YOU CURRENTLY HOUSED?	YES	NO
Ц	IF SO, DO YOU OWN OR RENT? WHAT IS YOUR MONTHLY PAYMENT?		
	WHAT IS FOUR MONTHER PARMENT:		
5	HAVE YOU EVER DECLARED BANKRUPTCY?	YES	$N\Theta$
Ü.			
	DO YOU HAVE ACCESS TO CROWDFUNDING	YES	ΝO
6	RESOURCES?		
U.	IF SO, HAVE YOU DONE SO FOR THIS EMERGENCY? YES NO IF SO, HOW MUCH WAS RAISED?		
	A) APPROXIMATE AMOUNT OF CASH ON HAND AND IN	ACCOUNTS:	
7	(CURRENT AVAILABLE FUNDS FOR EMERGENCIES) <b>B)</b> APPROXIMATE AMOUNT IN MONTHLY ASSETS:		
	(INCOME INVESTMENTS ETC.)		

C) APPROXIMATE AMOUNT IN MONTHLY LIABILITIES: (RENT/MORTGAGE, CAR PAYMENT, INSURANCE, ETC.)

(PLEASE TURN OVER TO FINISH)

If on paper it seems you are financially capable of providing emergency veterinary treatment for your animal, but there are extenuating circumstances, please write below why you need help paying for emergency care:					
I,, agree that the statements and answers above are true to the best of my knowledge. I understand that refraining from mentioning any other valid sources of income or assets can void the agreement of services if discovered.					
Signature		_ Date			

Emergency Animal Care & Help promises to keep all personal and sensitive information within our organization and used only for EACH client determination purposes.